## INSTRUCTIONS FOR COMPLETING THE REQUEST FOR SIX-MONTH INVENTORY EXCEPTION (KY-FD-44)

**PURPOSE:** To meet the requirements outlined in Section 250.14 (f) (2) of the Federal Regulations which require inventory levels not to exceed a six-month supply unless sufficient justification for additional inventory has been submitted and approved by the Department

## INSTRUCTIONS FOR COMPLETING THIS FORM:

- 1. Enter the Name of the Recipient Agency making request.
- 2. Enter the County where the Recipient Agency in located.
- 3. Enter the Name of the School/Institution where excessive inventory is located.
- 4. Enter the Name of Commodity that is in excess of a six-month supply.
- 5. Enter all Pack Date(s) on this commodity.
- 6. Enter all Date(s) this commodity was received.
- 7. Enter the Total Number of Units on Hand at the time of this report.
- 8. Enter Number of Units used monthly.
- 9. Enter the anticipated date excessive inventory will be depleted.
- 10. Give detailed circumstances leading to the excessive inventory.
- 11. Give detailed reason for need of more than a six-month supply of this item.
- 12. Person completing the request must sign.
- 13. Enter date request was completed.

## PLEASE SUBMIT THIS REQUEST TO:

KENTUCKY DEPARTMENT OF AGRICULTURE Division of Food Distribution 100 Fair Oaks Lane, Suite 502 Frankfort, KY 40601

## **REQUEST FOR SIX MONTH INVENTORY EXCEPTION**

1. Name of SFA/INS	ST:		2. Co	ounty:	
3. School/Inst. Name					
4. Commodity					
5. Pack Date					
6. Receipt Date					
7. Total Amount On Hand					
8. Average Monthly Usage					
9. Anticipated Depletion Date					
10. Circumstance	es leading to excessive	inventory:			
11. Reason for ne	eed of more than a six	month supply:			
12.			13.		
	of FSD/Institution Adn	ninistrator	_	Date	
	FOR	STATE OFFICE	USE ONLY		
Exception Request is	Approved Disapproved (Rec	ommend Corrective Ac	tion)		
Signature of Regional	Coordinator			 Date	-